

Name
in
Full

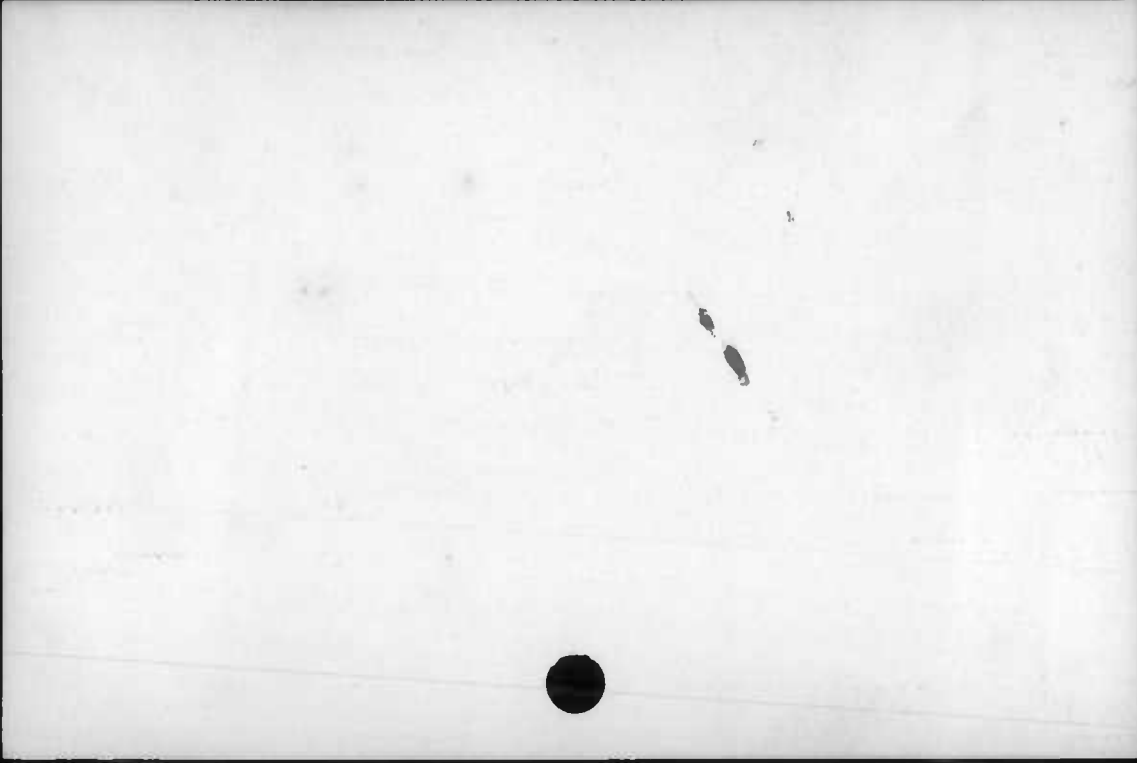
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Comfort</i>		Town		County <i>Chesapeake</i>		MARYLAND					
Date of death	1908	Month	<i>Oct</i>	Day	<i>5</i>	Years	<i>79</i>	Months	<i>7</i>	Days	<i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Md</i>				
Occupation	<i>Farmer</i>			Where Residing if not at place of death			<i>at home</i>				
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband			<i>Mary E. Gower</i>				
Father's Name	<i>James Adams</i>						Father's Birthplace	<i>Md</i>			
Mother's Maiden Name	<i>Unknown</i>						Mother's Birthplace	<i>Md</i>			
Name of person giving information	<i>Edward Adams</i>						How related to deceased	<i>Son</i>			

CAUSES OF DEATH

Primary	<i>Typhoid fever</i>	How long	<i>several</i>
Immediate	<i>Erysipelas</i>	How long	<i>thirtytwo</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. O. Brown</i>
		Address	<i>Waldorf Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Sophie Adams*
 Died at *Indian Head* ^{Town} *St. Charles* ^{County}

MARYLAND

Date of death *1908* ^{Month} *Oct* ^{Day} *15* ^{Years} *—* ^{Months} *1* ^{Days} *1*

Sex *Female* Color or Race *Colored* Birth-place *Indian Head*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *Geo. W. Adams*

Father's Birthplace *South Rice Ind.*

Mother's Maiden Name *Mary G. Monroe*

Mother's Birthplace *Bel Air Ind.*

Name of person giving In formation *Geo. W. Adams*

How related to deceased *Father*

CAUSES OF DEATH

151

Primary *Inanition*

How long *—*

Immediate *—*

How long *—*

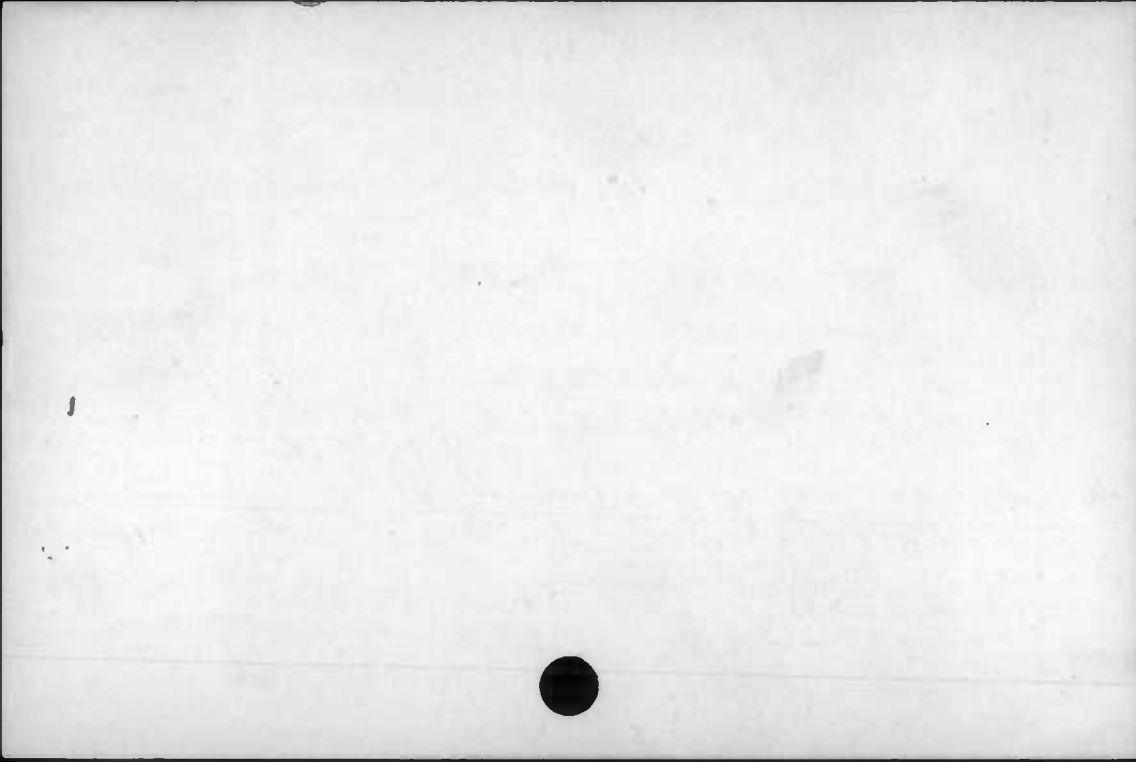
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. W. Mitchell M.D.*

Address *—*

Accident or Suicide? *no*

PHYSICIAN
OR CORONER



Name
in
Full

Rosie Alvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Waldorf*

Town

Charles

County

Date

of death *1908*

Month

Oct

Day

28

Years

Age

47

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

*none*Where Residing if not
at place of death*At Waldorf*Married, Single
or Widowed*married*Name of Wife or
Husband*Edward Alvey*Father's
Name*Lemuel McDaniel*Father's
Birthplace*Ind*Mother's
Maiden Name*Mary Moore*Mother's
Birthplace*Ind*Name of person giving
In formation*W. O. McDaniel*How related
to deceased*Son*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paraplegia

How long

Four or five yrs

Immediate

Heart Failure

How long

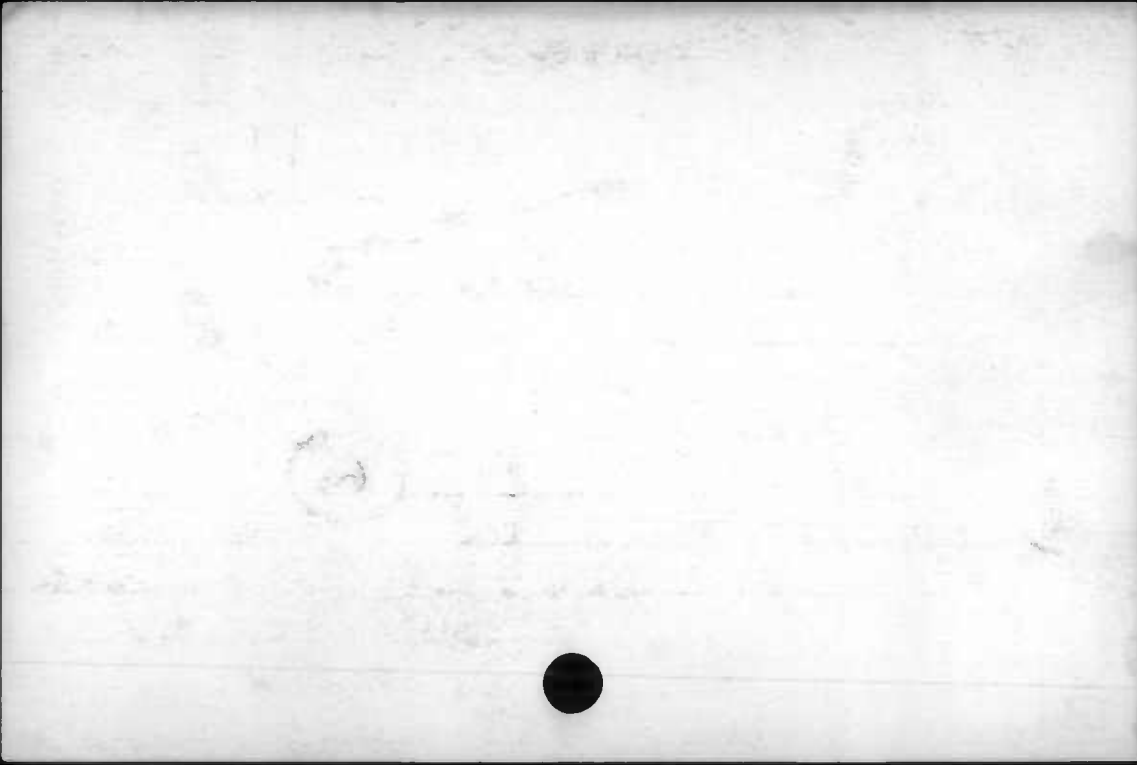
*Short time*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*G. O. Monroe*

Address

Waldorf

Accident or Suicide?

Ind



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

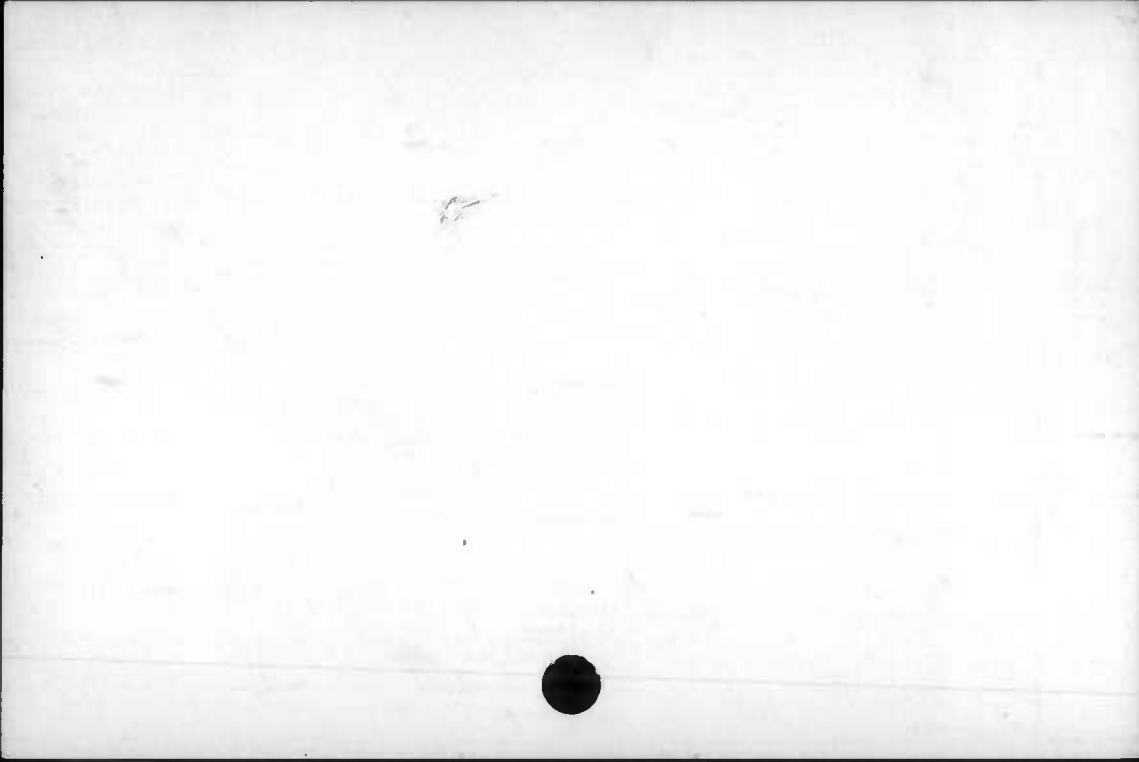
Died at <i>Pomorieky</i>		Town <i>Chas</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>7</i>	Age	<i>53</i>	Years	Months <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Ind</i>		
Occupation	<i>House wife</i>	Where Residing if not at place of death		<i>at place of death</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Henry Brown</i>				
Father's Name	<i>Granderson Alexander</i>			Father's Birthplace	<i>Ind</i>		
Mother's Maiden Name	<i>Beelia Key</i>			Mother's Birthplace	<i>Ind</i>		
Name of person giving information	<i>Henry Brown</i>			How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Immediate</i>	How long	<i>4 years</i>
Immediate	<i>Pneumonia Hemiplegia</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Marshall</i>
		Address	<i>Sub Key</i>
Accident or Suicide?	<i>No</i>		<i>Pomorieky Ind</i>



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Brumwell

CERTIFICATE OF DEATH

MARYLAND

Died at *Town* *Ironides*County *Charles*Date
of death *1908*Month
*Oct*Day
*12*Age
Years *—*Months
*—*Days
*—*Sex
*Male*Color or
Race *Colored*Birth-
place *Charles Co. Md.*Occupation
*—*Where Residing if not
at place of death
*—*Married, Single
or Widowed *—*Name of Wife or
Husband
*—*Father's
Name *Edward Brumwell*Father's
Birthplace *London Co. Va.*Mother's
Maiden Name *Hattie Johnston*Mother's
Birthplace *Charles Co. Md.*Name of person giving
In formation *Ann Johnston*How related
to deceased *None*

CAUSES OF DEATH

Primary

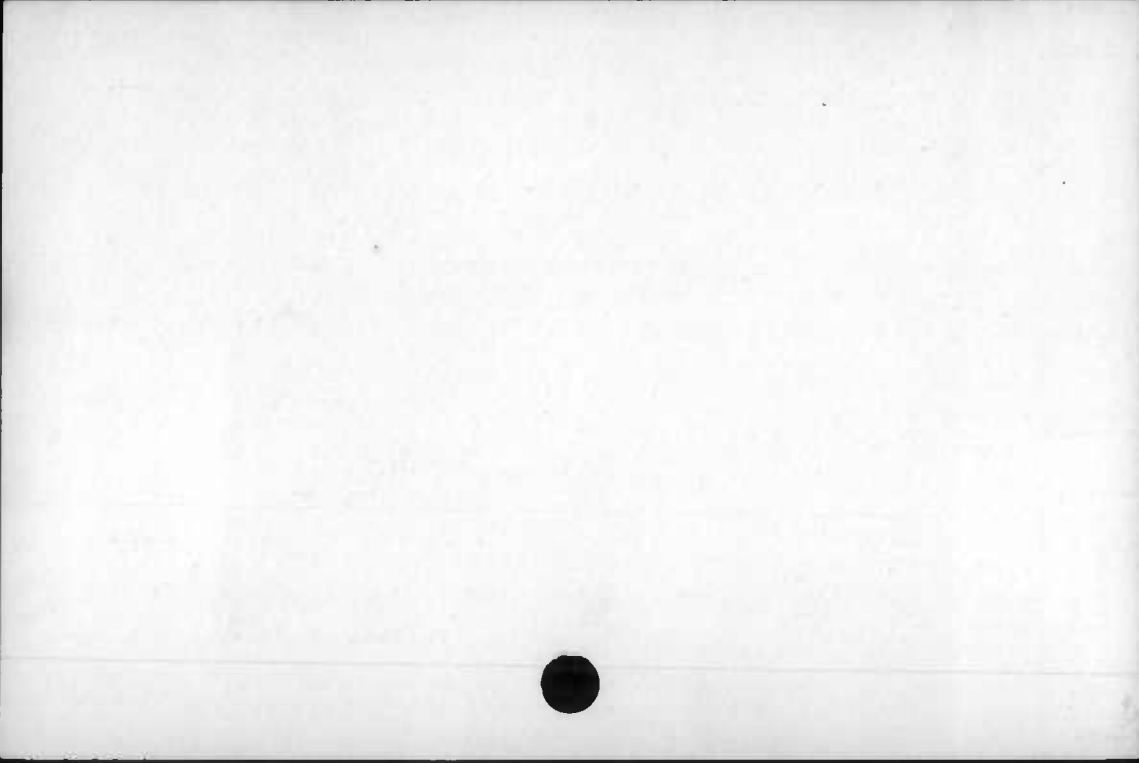
*Still Born*How long
—

Immediate

How long
*—*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Geo. C. Bicknell,**Piegah**Md.*Accident or Suicide? *—*



Name

In Full

Timothy O. Dement.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

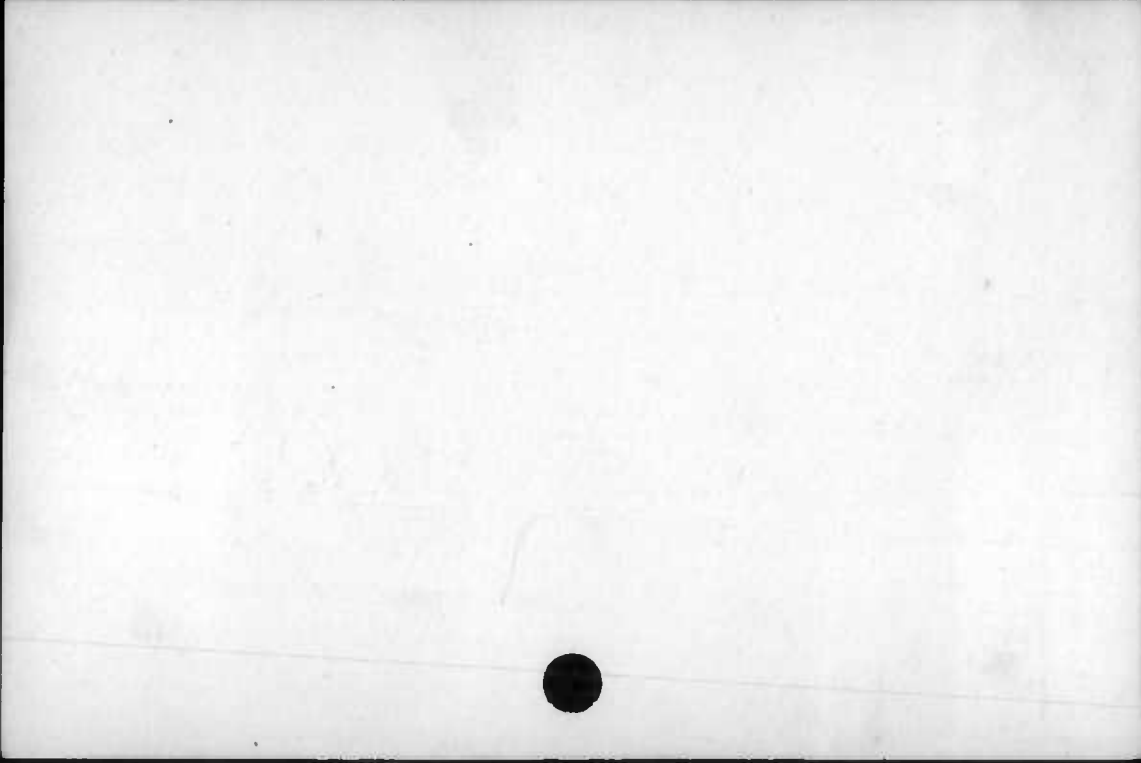
Died at		Town <i>Rison</i>		County <i>Charles</i>		MARYLAND	
Date of death	1908	Month <i>Oct</i>	Day <i>27</i>	Age	Years <i>2 1/2</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>American</i>		Birth-place	<i>Charles Co., Md.</i>
Occupation	<i></i>			Where Residing if not at place of death <i></i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i></i>				
Father's Name	<i>John Franklin Dement</i>					Father's Birthplace	<i>Charles Co., Md.</i>
Mother's Maiden Name	<i>Achra C. Wright</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>J. F. Dement</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i></i>	How long	<i></i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. C. Bicknell</i>
		Address	<i>Risgah, Md.</i>
Accident or Suicide?	<i></i>		



Name
in
Full

Archie Ann Robbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

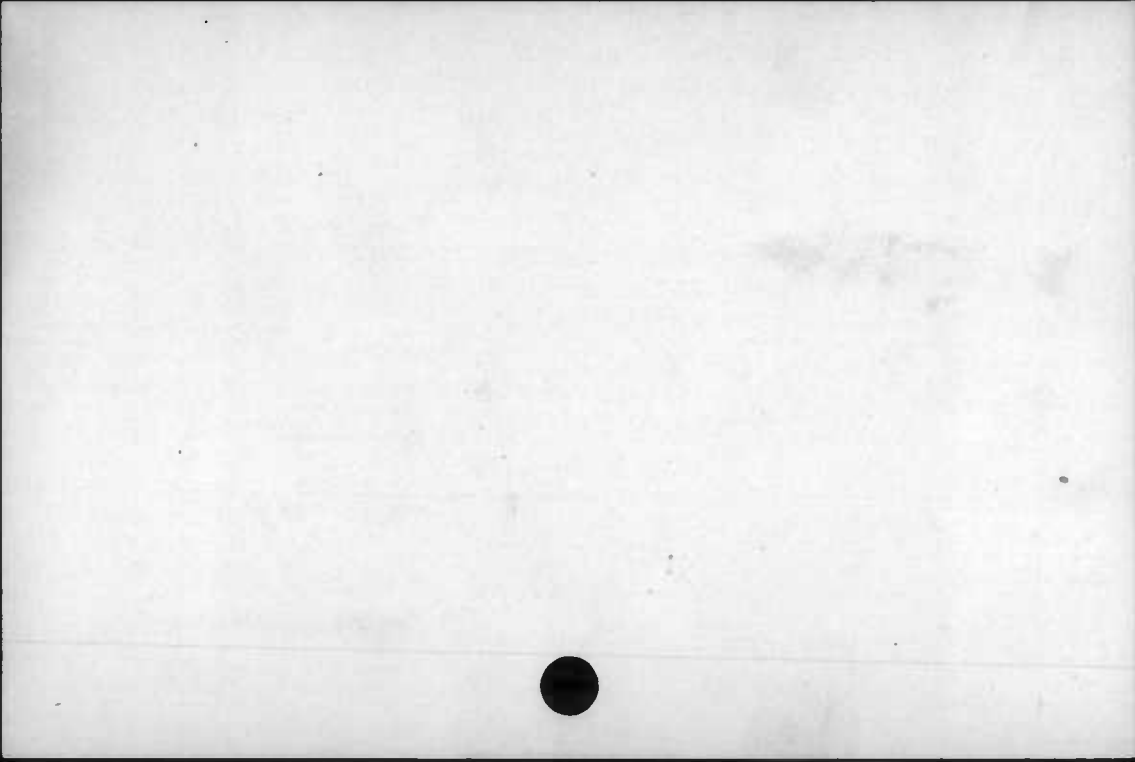
Died at <i>Tel Alton</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1908 Oct 25</i>	Month	Day	Age <i>27</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Mixed (Bl)</i>		Birth-place <i>Charlesco.</i>		
Occupation <i>Waitress</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>J. E. Robbins</i>			Father's Birthplace <i>Chas. Co.</i>		
Mother's Maiden Name <i>Allie F. Bruce</i>			Mother's Birthplace <i>Chas. Co.</i>		
Name of person giving information <i>J. E. Robbins</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulvis</i>	How long <i>13 months</i>
Immediate <i>Toxemia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Spencer</i>
	Address <i>Tel Alton Md</i>
Accident or Suicide?	



Name
in
Full

Minigud C. Fladung

CERTIFICATE OF DEATH

Town

County

Died at *in Bryantown**Choke*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

10

30

Age

18

Sex

*Female*Color or
Race*White*Birth-
place*Ind*

Occupation

*Nothing*Where Residing if not
at place of death*at penzance*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Julius Fladung*Father's
Birthplace*Germany*Mother's
Maiden Name*Mary Gannan*Mother's
Birthplace*Bryantown, Ind.*Name of person giving
In formation*Julius Fladung*How related
to deceased

CAUSES OF DEATH

27

Primary

Consumption

How long

8 mo

Immediate

Heart Failure

How long

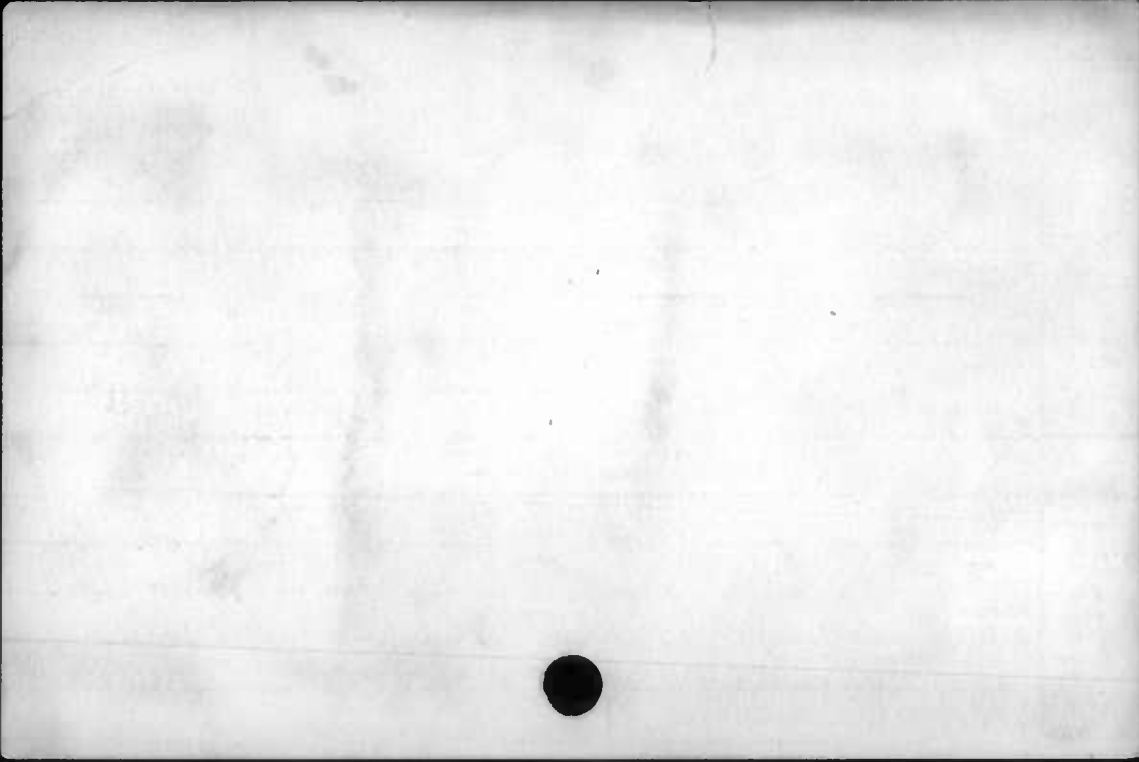
*1/2 hour*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. C. Chappelle, M.D.*

Address

*Heepsville**Ind*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

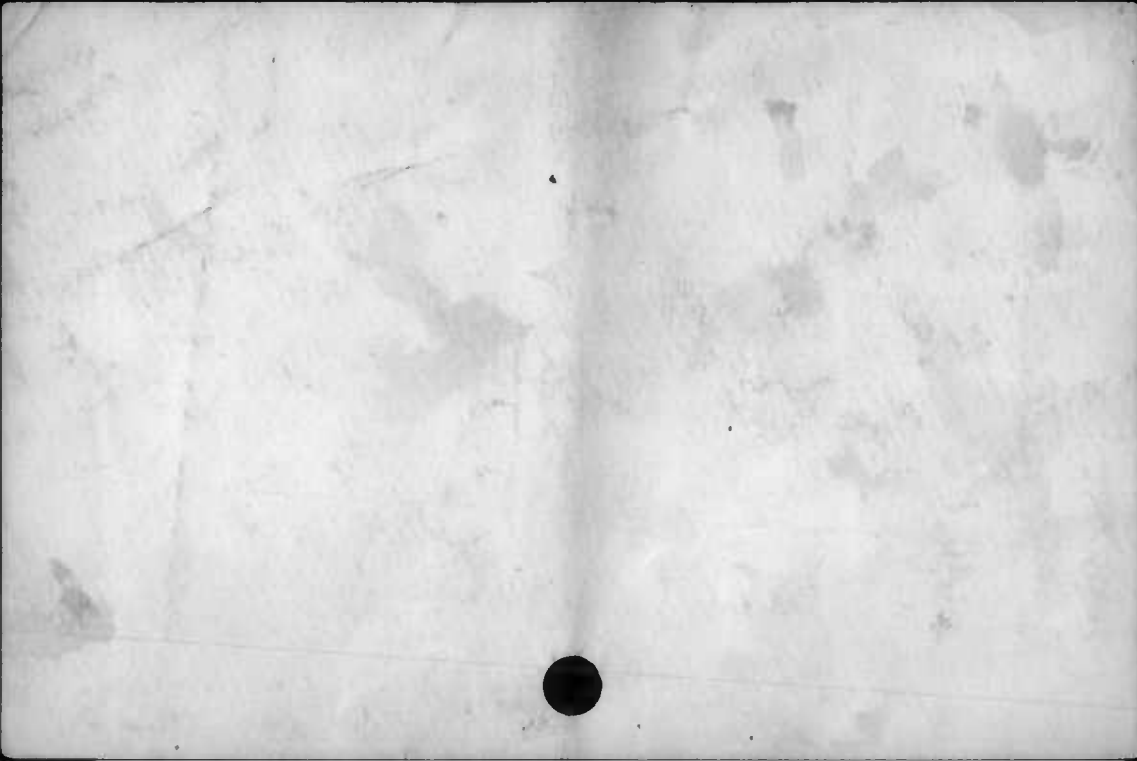
Died at <i>Springfield</i> Town <i>Charles</i> County		MARYLAND	
Date of death <i>1908</i>	<i>Oct</i> Month	<i>22</i> Day	<i>68</i> Years
Sex <i>Male</i>		Color or Race <i>Colored</i>	Birth-place <i>Charles Co</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Springfield</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Garret</i>		
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Winfield Short</i>		How related to deceased <i>Stepson</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>1 mo.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. D. Taylor</i>
	Address <i>Springfield</i>
Accident or Suicide?	



Name
in
Full

Ellen Gates

CERTIFICATE OF DEATH

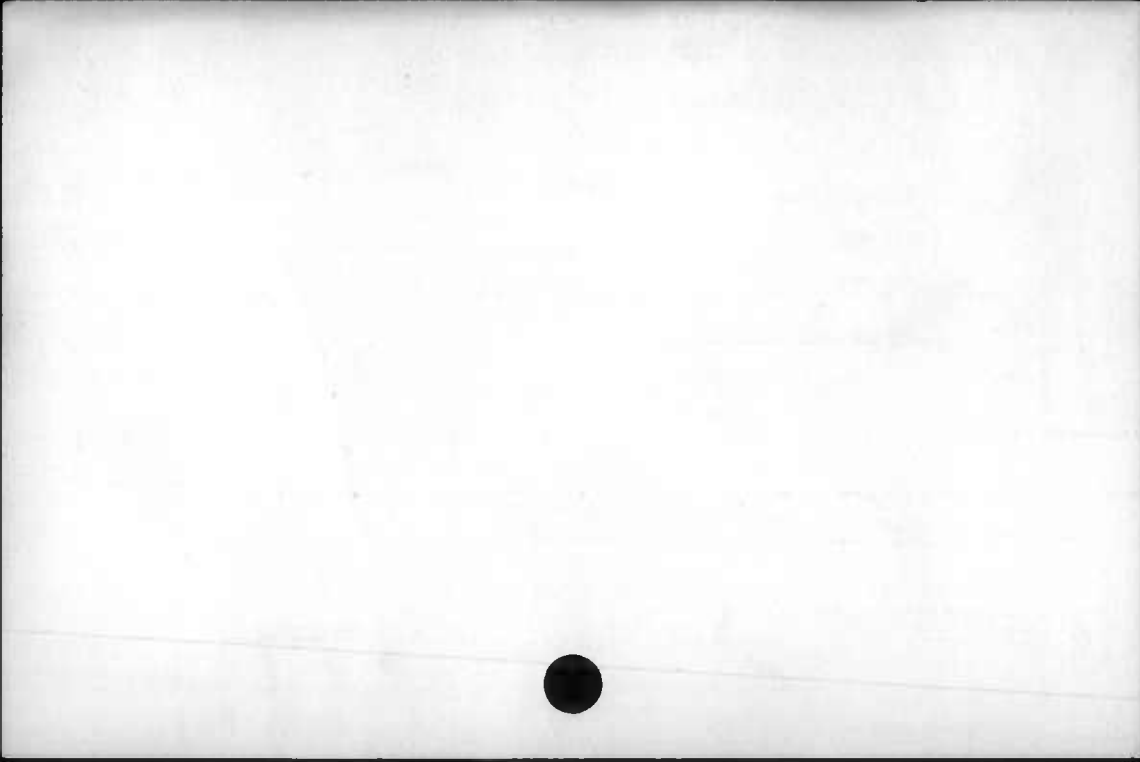
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Waldorf</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>23</i>	Years <i>89</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>			
Occupation <i>wife</i>	Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>A. N. Gates</i>				
Father's Name <i>Water Wilkinson</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>B. F. Gates</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>one week</i>
Immediate <i>Exhaustion</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. O. Morrow</i>
	Address <i>Waldorf</i>
	<i>Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Greer

Town

Wilcoxon

County

Chas

MARYLAND

Died at

Date

of death 1908

Month

10

Day

3

Age

Years

60

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Chas Md

Occupation

Housewife

Where Residing if not
at place of death

C. I. "

Married, Single
or Widowed

Married

Name of Wife or
Husband

John S. Greer Sr.

Father's
Name

Chas Lacy

Father's
Birthplace

Chas Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

John S. Greer Jr.

How related
to deceased

Son

CAUSES OF DEATH

Primary

Heart Trouble

How long

1 hr.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

None
Wm F. Browner
Salem, Ky

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

79

W F Browner

Snk Ry

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

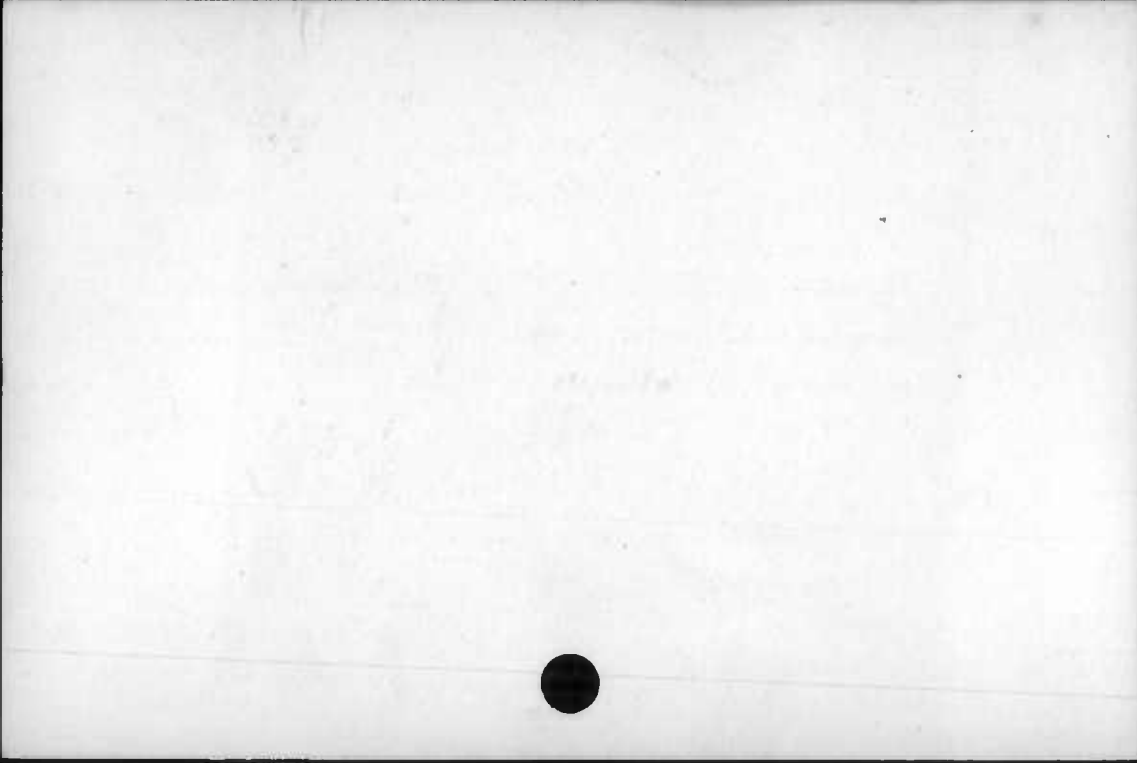
Name in Full <i>Raymond Greer</i>		Town <i>Pisgah</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1908 Oct. 12</i>		<i>2</i>		<i>4</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles Co., Md.</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>George Greer</i>				Father's Birthplace <i>Charles Co., Md.</i>			
Mother's Maiden Name <i>Rachael Ross</i>				Mother's Birthplace <i>Charles Co., Md.</i>			
Name of person giving information <i>George Greer</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Ac. Pulmonary Congestion,</i>		How long <i>1 day</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. C. Dickrell,</i>	
		Address <i>Pisgah, Md.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Thomas Hally</i>		Town <i>Perry</i>		County <i>Cherokee</i>		MARYLAND	
Died at <i>Perry</i>		Month <i>Oct</i>		Day <i>23</i>		Years <i>64</i>	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>23</i>		Months <i>9-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Perry Ind.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary C. Wheeler</i>					
Father's Name <i>Thomas B. Hally</i>		Father's Birthplace <i>P. Geo Co. Ind.</i>					
Mother's Maiden Name <i>Mary W. Turner</i>		Mother's Birthplace <i>Chas. Co. Ind.</i>					
Name of person giving information <i>B. H. Hally</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary *Diabetes Mell-*

How long

*Six years*Immediate *Gangrene of foot*

How long

1 Week

Are the name, age, sex, color, date and place correctly given above?

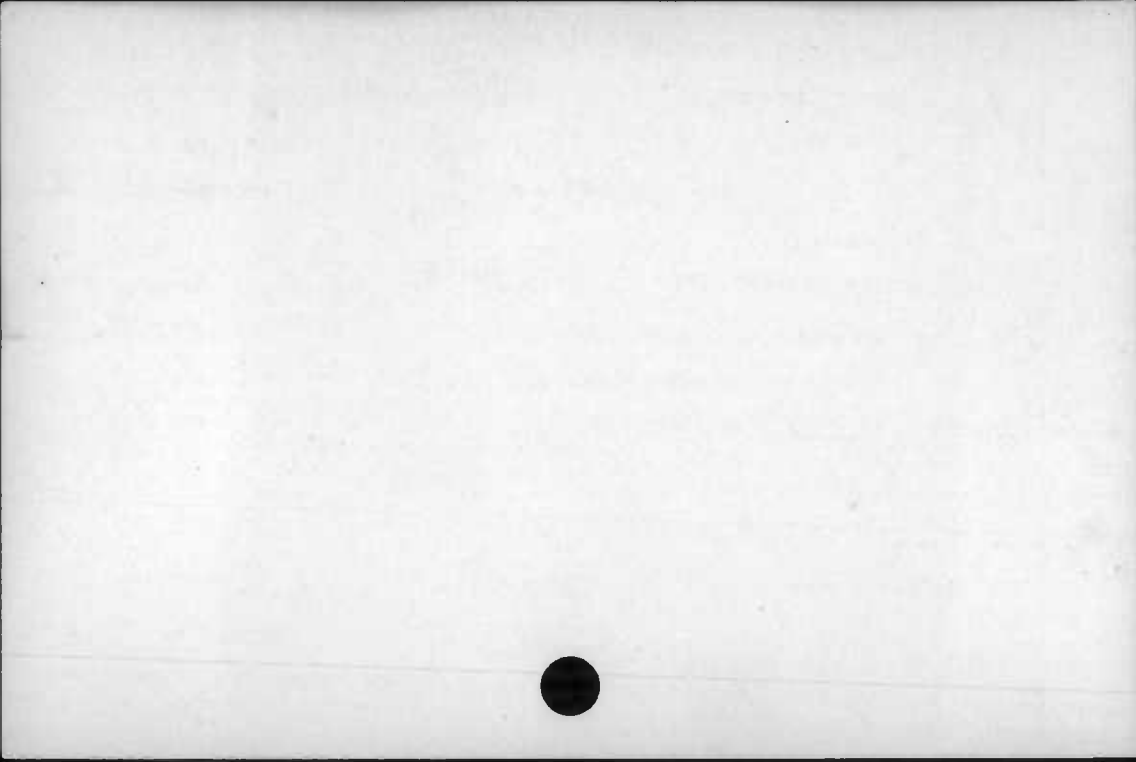
Signature of Physician

Address

J. W. Mitchell M.D.
Perry Ind.

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

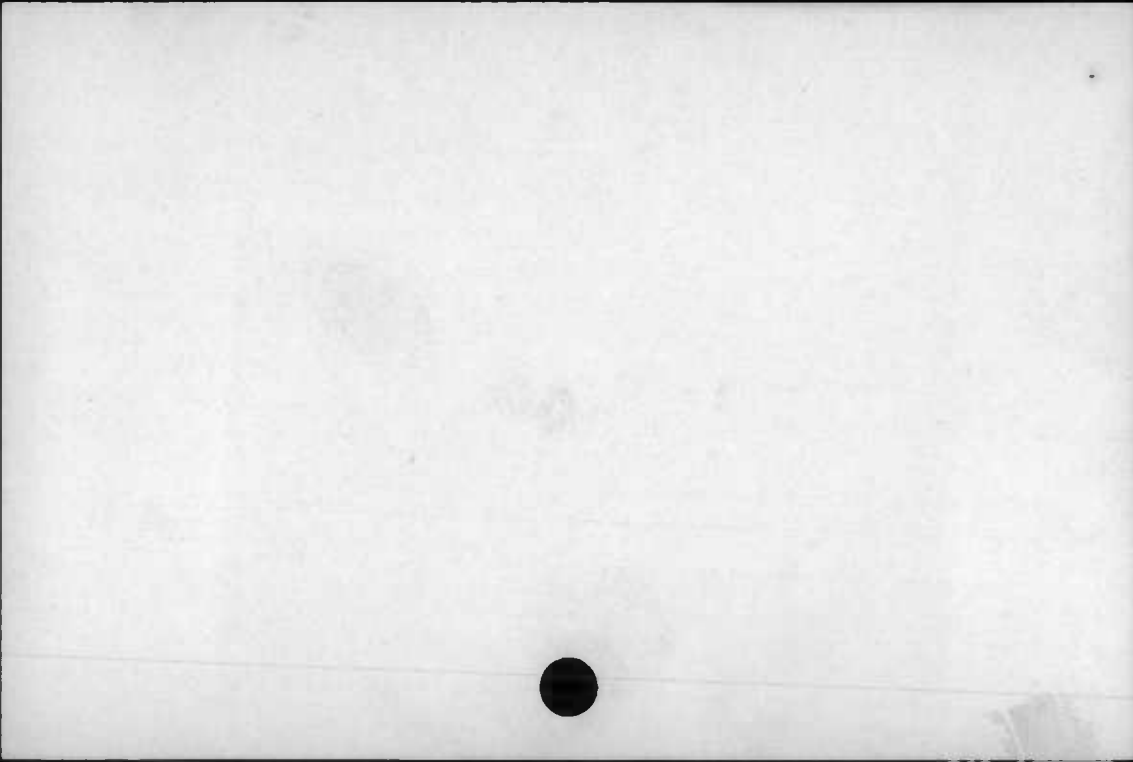
Name in Full <i>James Emd. Hungerford</i>		Town <i>Charles</i>		County <i>Charles</i>		MAYLAND	
Died at <i>Charles</i>		Month <i>Oct</i>		Day <i>7</i>		Years <i>8</i>	
Date of death <i>1908</i>		Age <i>8</i>		Months <i>8</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Charles Co.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Hungerford</i>		Father's Birthplace <i>Chas Co.</i>					
Mother's Maiden Name <i>Eliza M. Harvey</i>		Mother's Birthplace <i>Charles Co.</i>					
Name of person giving information <i>Frank Hungerford</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>2 weeks</i>
Immediate <i>Anemia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. Allen</i>
	Address <i>2nd altm</i>
	<i>Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

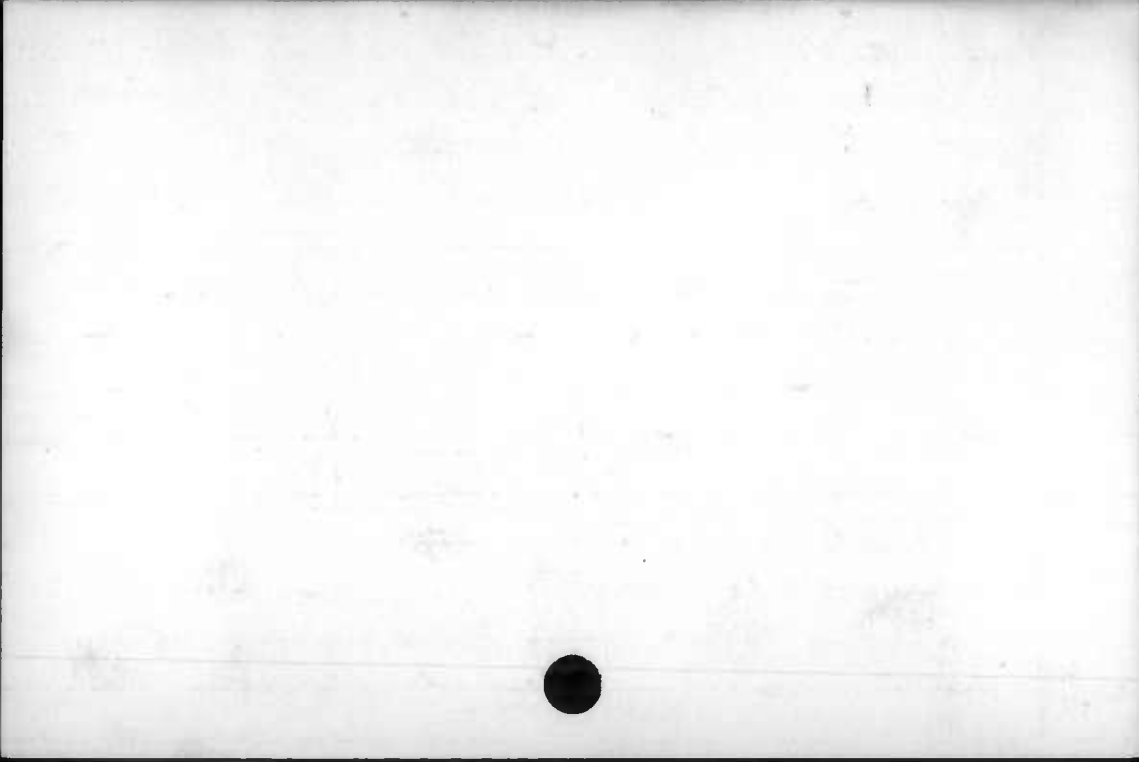
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Pita King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

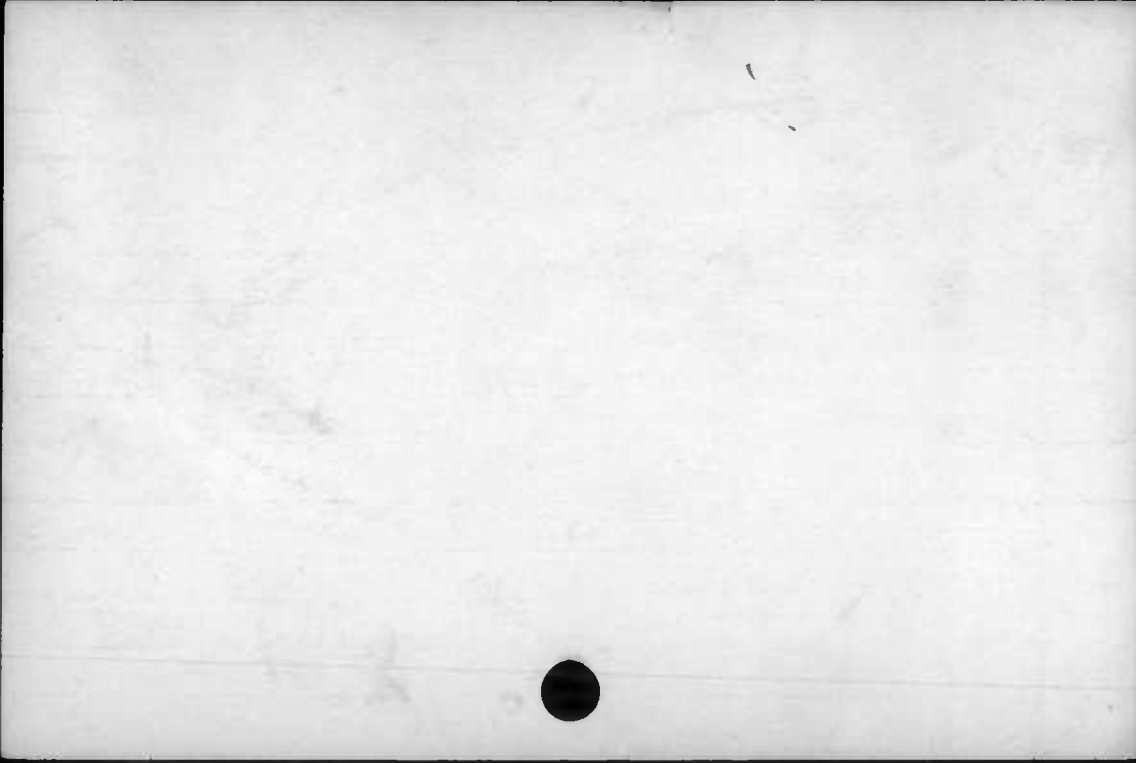
Died at Indian Head		County Charles		State MARYLAND	
Date of death 190 8	Month Oct.	Day 26	Years 40 (about)	Months —	Days —
Sex Female	Color or Race Negro	Birth-place Charles Co Md			
Married, Single or Widowed Single	Occupation Housewife				
Name of Wife or Husband Oscar Day (Common-law husband)			Father's Birthplace Charles Co Md		
Father's Name Not Known			Mother's Birthplace Charles Co Md		
Mother's Maiden Name Not Known			How related to deceased Common-law husband		
Name of person giving information Oscar Day					

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary Bad Hygiene	How long —
Immediate General Tuberculosis & syphilis	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician F. P. H. Stongle, M. D.
	Address Naval Proving Ground, Indian Head, Md.
Accident or Suicide? No	



Name
in
Full

CERTIFICATE OF DEATH

Emily E. Matthews

Town

County

Died at New Glynn

Other

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

Oct

12

Age

66

Sex

Female

Color or
Race

Caucasian

Birth-
place

Chesapeake

Occupation

Homemaker

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Nicholas Matthews

Father's
Name

Not known

Father's
Birthplace

Chesapeake

Mother's
Maiden Name

Sarah Barnes

Mother's
Birthplace

Chesapeake

Name of person giving
In formation

Harry Matthews

How related
to deceased

Son

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Three years

Immediate

Hemorrhages

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. W. Matthews

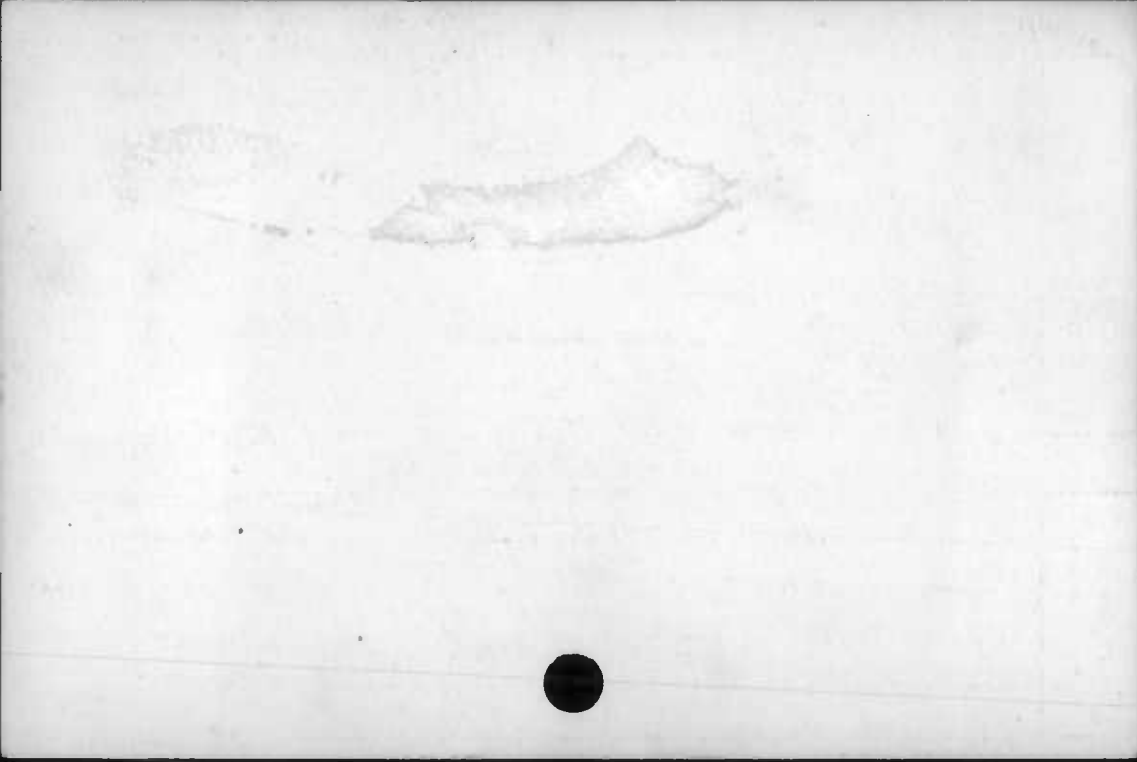
Address

Pocomoke

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Theodore Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

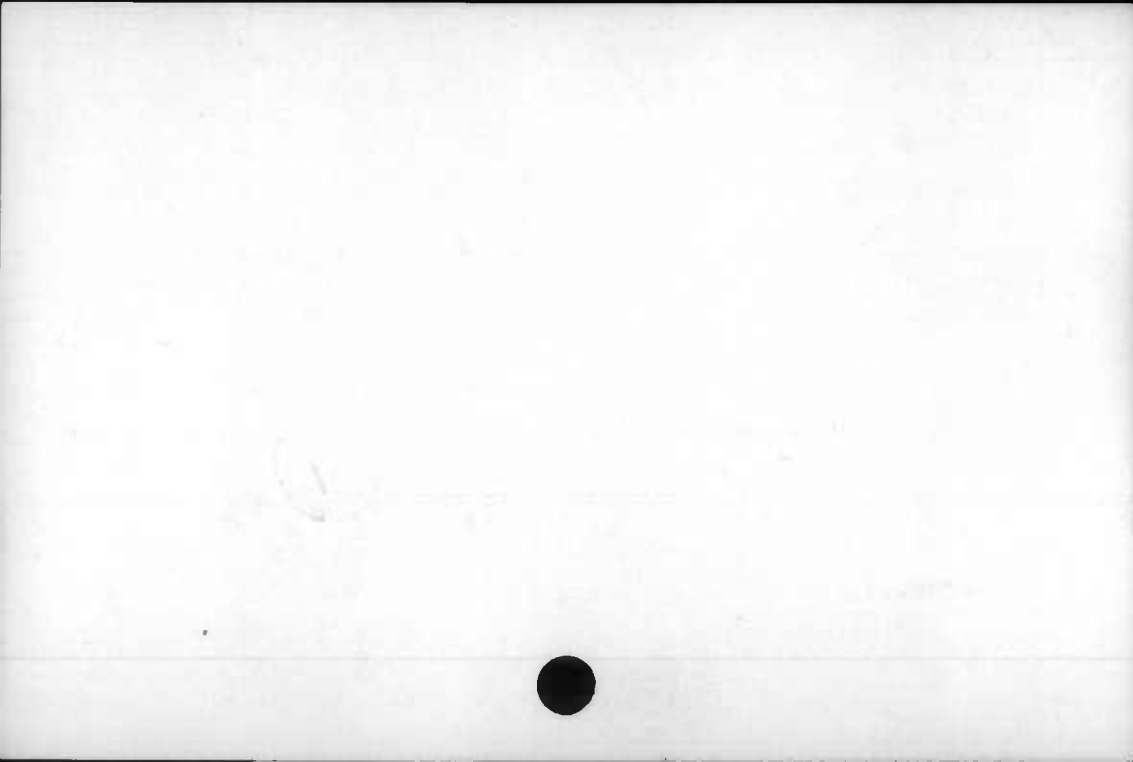
Died at <i>near Faulkner</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>2</i>	Age <i>1</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>African</i>		Birth-place <i>Charles Co.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Bernard Mills</i>			Father's Birthplace <i>Charles Co.</i>		
Mother's Maiden Name <i>Linda Mingleton</i>			Mother's Birthplace <i>Charles Co.</i>		
Name of person giving information <i>Lucy Mingleton</i>			How related to deceased <i>Grand-Mother</i>		

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Croup</i>	How long <i>2 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Peter W. Roby J.P.</i>
	Address <i>Bel allon Md</i>
Accident or Suicide?	



Name
in
FullWilliam, ~~Harold~~ Mitchell
Town County

CERTIFICATE OF DEATH

Died at *his home near La Plata*

Charles

MARYLAND

Date
of death 1908Month
OctoberDay
10

Age

Years
77Months
1Days
16

Sex

Male

Color or
Race

White

Birth-
place

Charles Co. - Md

Occupation

Farmer

Where Residing If not
at place of death

At place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emily Ellen Mitchell

Father's
Name

William Mitchell

Father's
Birthplace

Charles Co., Md

Mother's
Maiden Name

Ellen Speake

Mother's
Birthplace

Charles Co. Md

Name of person giving
Information

Emily E Mitchell

How related
to deceased

Wife

CAUSES OF DEATH

120

Primary

Bright's & articular sclerosis

How long

About a year

Immediate

Emaciation & heart failure

How long

Seven or eight days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

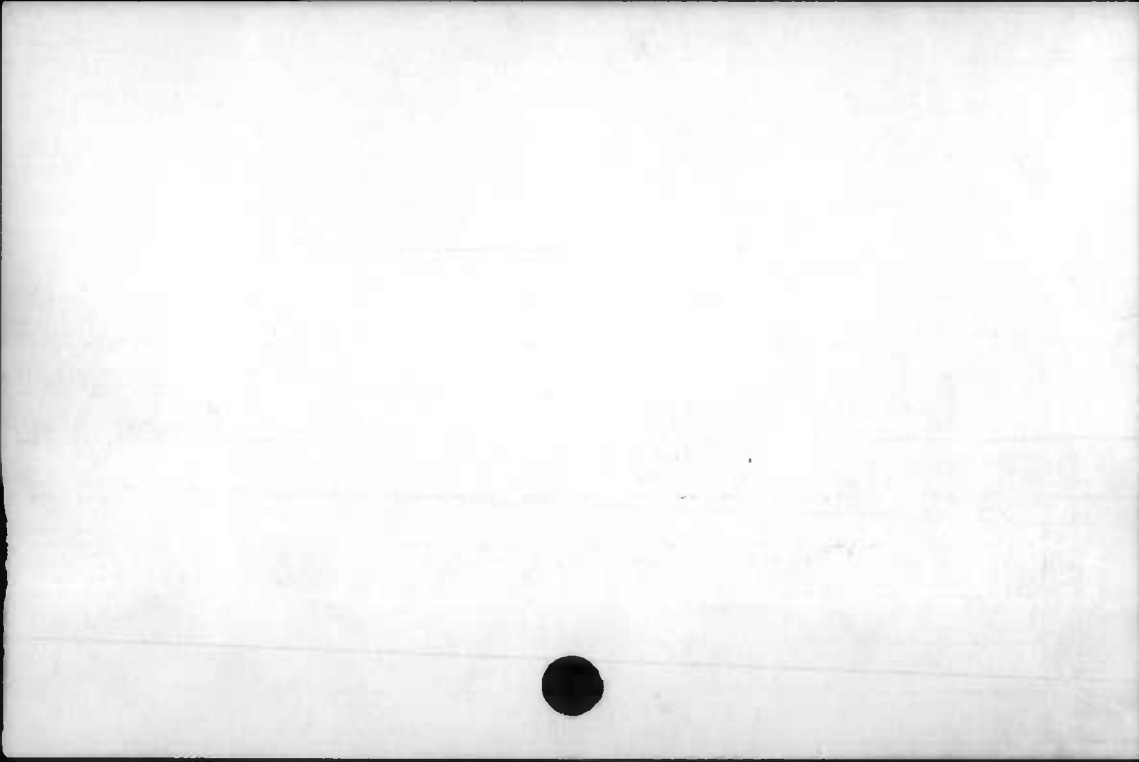
Address

Geo. T. Digges

Port Tobacco - Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Jane fbr Munn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charles Point</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	1908	Month	Oct	Day	7	Age	Years
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Charles Co</i>		Months	
Occupation		Where Residing if not at place of death				Days	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>George Munn</i>		Father's Birthplace <i>Chas Co.</i>					
Mother's Maiden Name <i>Emma Short</i>		Mother's Birthplace <i>Chas Co.</i>					
Name of person giving information <i>George Munn</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONERPrimary *Malnutrition*Immediate *Marasmus*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. J. J. J.
Blue alson
Dnd

Accident or Suicide?



Name
in
Full

Charlotte Murphy

Charles
County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Myantown* Town

Date of death *1908 Oct* Month

Day

Age *30* Years

Months

Days

MARYLAND

Sex *Female*

Color or Race

Coed

Birth-place

Ind

Occupation

Servant

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife or Husband

Charles Murphy

Father's Name

Do not know

Father's Birthplace

Do not know

Mother's Maiden Name

Celie Woodland

Mother's Birthplace

Ind

Name of person giving information

John H. Brown

How related to deceased

none

CAUSES OF DEATH

Primary

*phthisis pulmonalis
Exhaustion*

How long

6 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

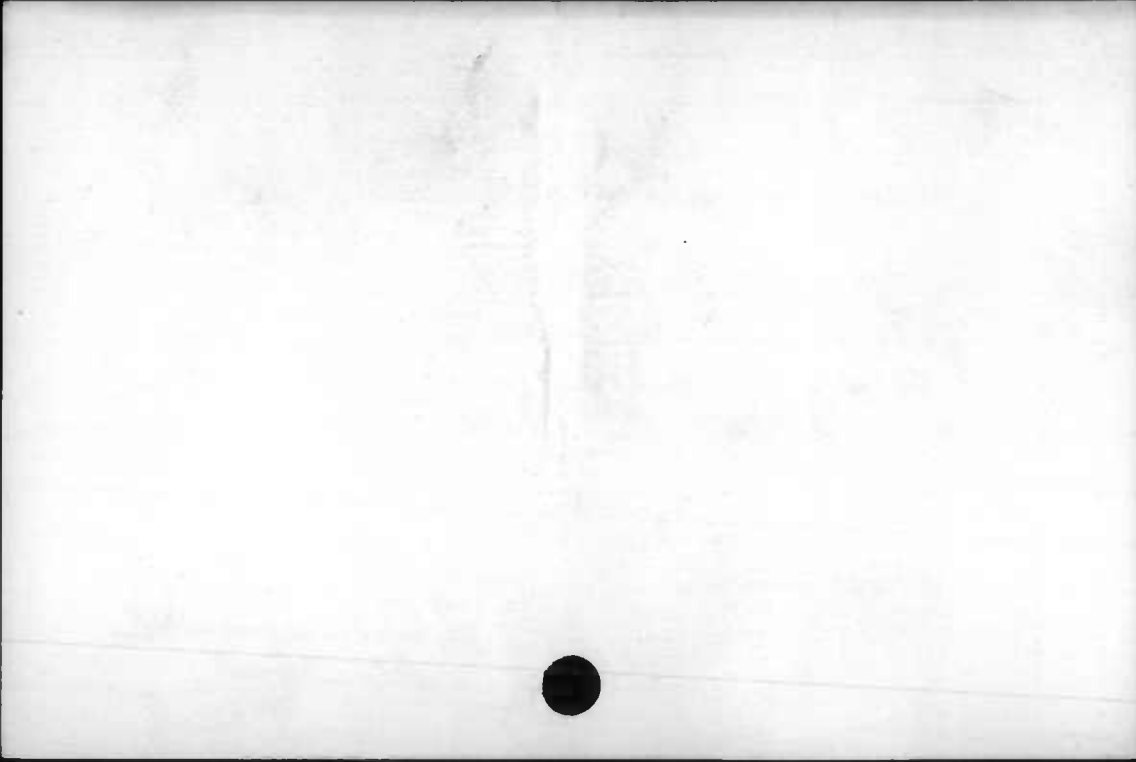
S. C. Carver M.D.

Myantown

Ind.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>John Harris Murray</i>		Town <i>Pomfret</i>		County <i>Shaler</i>		State <i>MARYLAND</i>	
Died at <i>Pomfret</i>		Month <i>Oct</i>		Day <i>27</i>		Age Years <i>29</i> Months <i>0</i> Days <i>0</i>	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Pomfret Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>W. Francis Murray</i>		Father's Birthplace <i>Ches. Co. Md.</i>					
Mother's Maiden Name <i>Mary Ann Hauesch</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Jennie C. Shaw</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

50

Primary

Diabetes Mel-

How long

6 years -

How long

Immediate

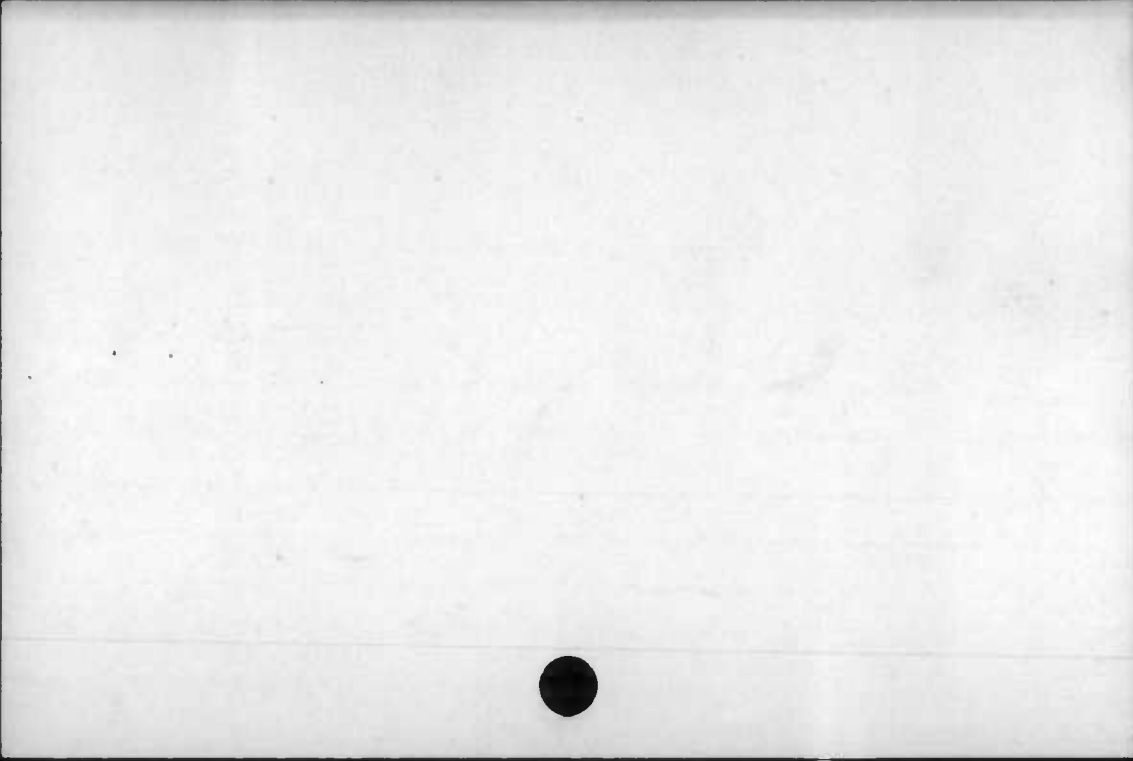
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*yes -**J. W. Mitchell M.D.*
Pomfret Md.

Accident or Suicide?

*No*PHYSICIAN
OR CORONER



Name
In
Full

Not named

Robertson

CERTIFICATE OF DEATH

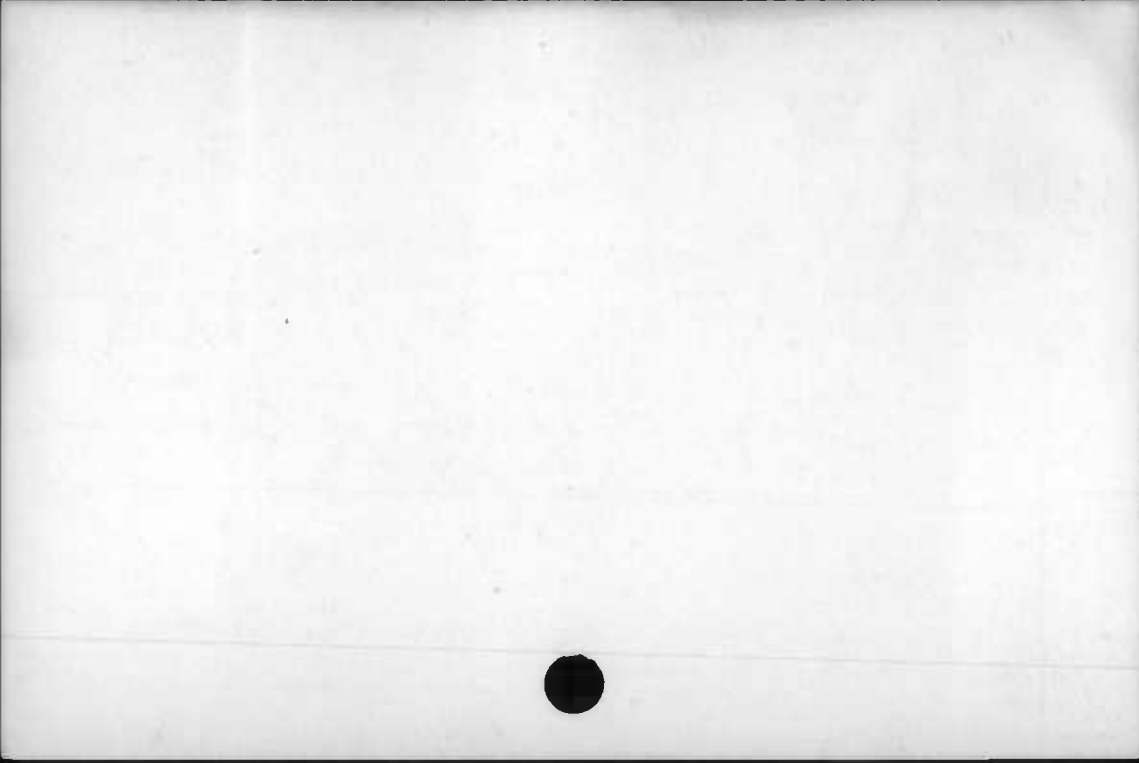
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bay Anne</i>		Town <i>Chesapeake</i>		County <i>Chesapeake</i>		MARYLAND	
Date of death	<i>1904</i>	Month <i>Oct-</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>J. Edward Robertson</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Lidy Brannon</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>J. Edward Robertson</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>—</i>	How long	<i>—</i>
Immediate	<i>St. Borne</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. O. Moman</i>
		Address	<i>Waco, Tex</i>
Accident or Suicide <i>—</i>			



Name
in
Full

Cecil Earl Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

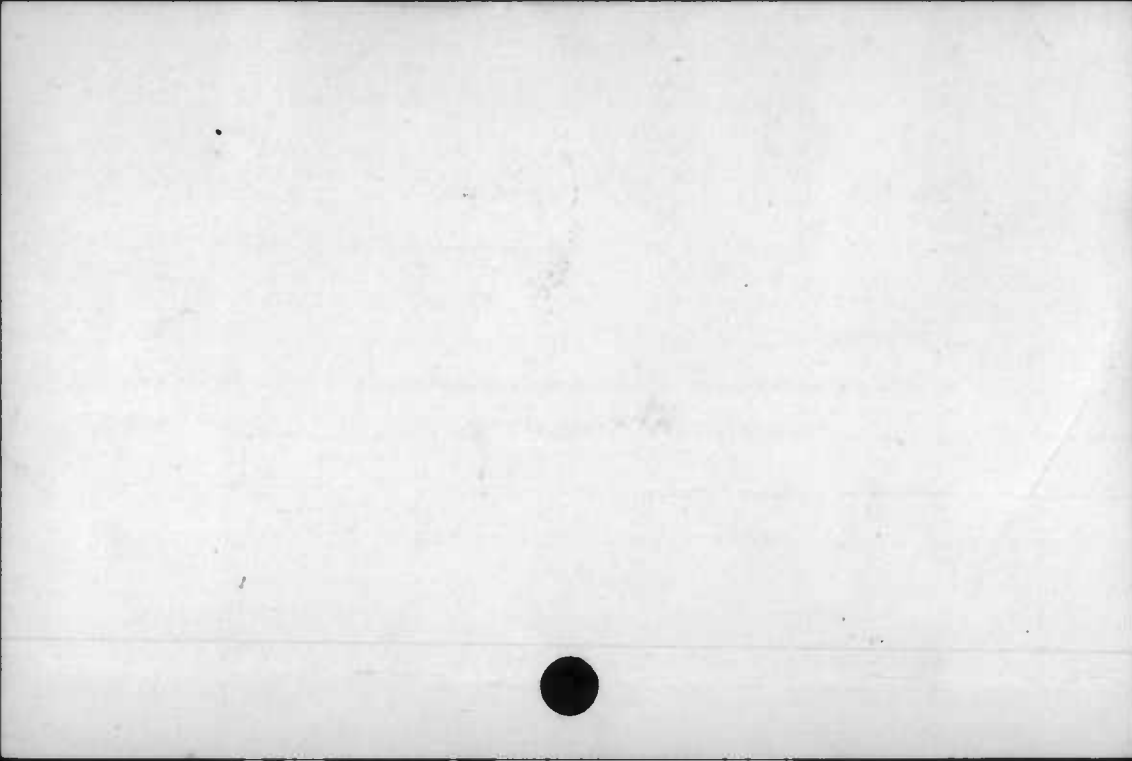
Died at <u>Cross Roads</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death	1908	Month	10	Day	14
Age	Years		Months		Days
Sex	male		Color or Race	colored	
Occupation			Birth-place	Md.	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			James Ross		
Mother's Maiden Name			Elsie Larsson		
Name of person giving information			Robert Hansen		
Father's Birthplace			Md.		
Mother's Birthplace			Md.		
How related to deceased			none		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Marasmus - Bottle	How long	from birth
Immediate	fed	How long	-
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S. H. Sheate	
Address		Grayton	
Accident or Suicide?			



Name
in
Full

Thomas Ross

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Pocomoke

Charles

Date

of death 1908

Month

Oct

Day

13

Age

Years

Months

3

Days

-

Sex

Male

Color or
Race

Colored

Birth-
place

Pocomoke

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James Ross

Father's
Birthplace

Char. Co. Md.

Mother's
Maiden Name

Martha Simmons

Mother's
Birthplace

Char. Co. Md.

Name of person giving
Information

Jas. Ross

How related
to deceased

Son

CAUSES OF DEATH

92

Primary

Bronchopneumonia

How long

4 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

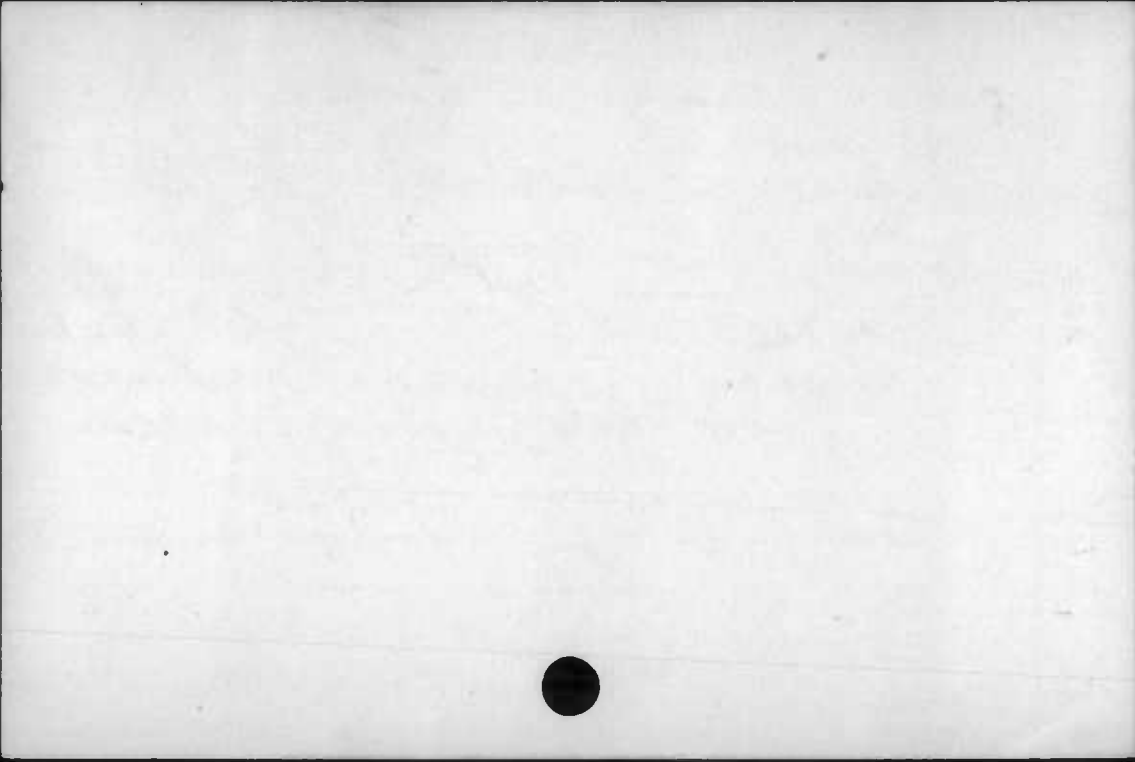
Address

J. W. Mitchell M.D.
Pocomoke
Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Joseph Enoch Russ

Died at *Weymouth* Town *Ches* County

Date of death **1908** Month *Oct* Day *13* Age Years *2* Months *X* Days *X*

Sex *male* Color or Race *Colored* Birth-place *Weymouth*

Occupation *X* Where Residing If not at place of death *Weymouth*

Married, Single or Widowed *X* Name of Wife or Husband *X*

Father's Name *Arthur M. Russ* Father's Birthplace *Ches co.*

Mother's Maiden Name *Mattie Murray* Mother's Birthplace *Ches co*

Name of person giving information *A M Russ* How related to deceased *Father*

CAUSES OF DEATH

9

Primary *How long*
Immediate *Brachial cramps* *How long 2 1/2 hours*

Are the name, age, sex, color, date and place correctly given above? *Is* Signature of Physician *None in attendance*

Address *B. H. Dent*
Lab Registrar
Accident or Suicide? *X*

Information corroborated
by J. St. Mitchell M.P.
Farmington

B. H. Dement
Sub Registrar

Name
in
Full

Richard Small

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Port Tobacco		County Charles		MARYLAND	
Date of death	1908	Month October	Day 13	Age	Years About 80	Months	Days
Sex	Male		Color or Race	Black		Birth- place	Char, Co., Md
Occupation	Gardener		Where Residing if not at place of death		at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband	Catherine Gray - Small			
Father's Name	Warrum Small					Father's Birthplace	Char, Co., Md
Mother's Maiden Name						Mother's Birthplace	Char Co. Md
Name of person giving Information	Joseph Gray Small					How related to deceased	Son

CAUSES OF DEATH

154

How long

4 months

How long

4 or 5 days

Primary

Senile Gangrene

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

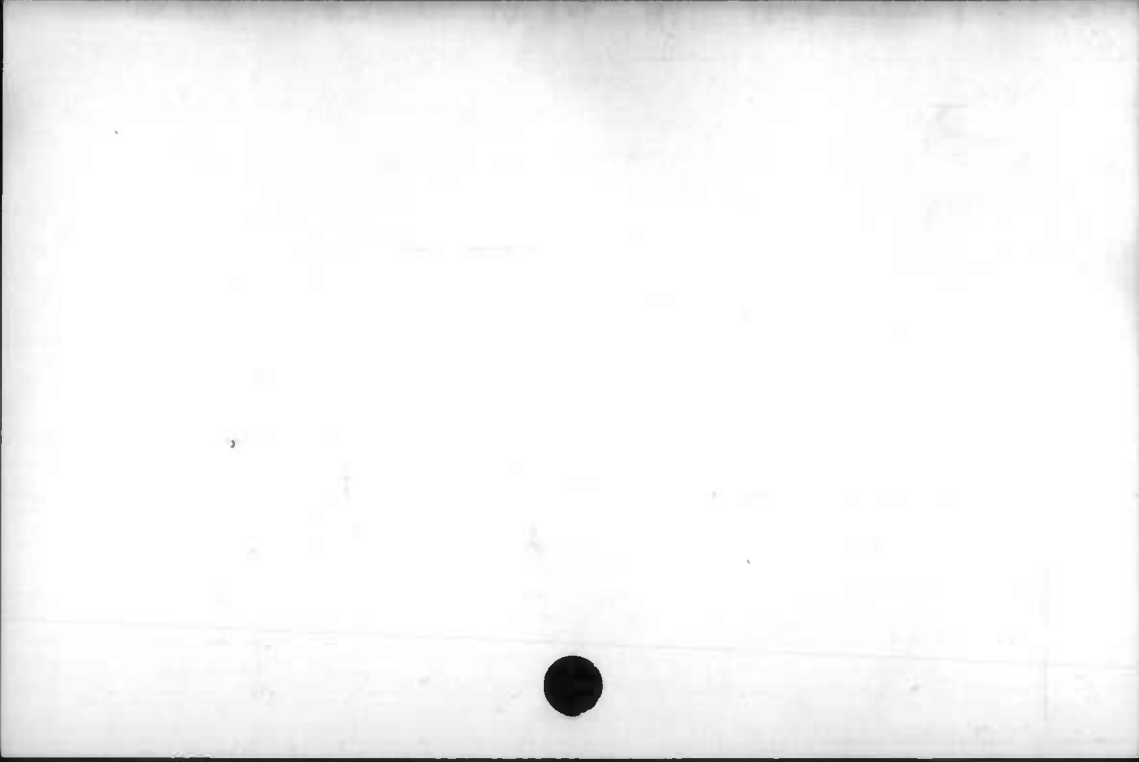
Address

Mrs. T. Diggins
Port Tobacco Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

George Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

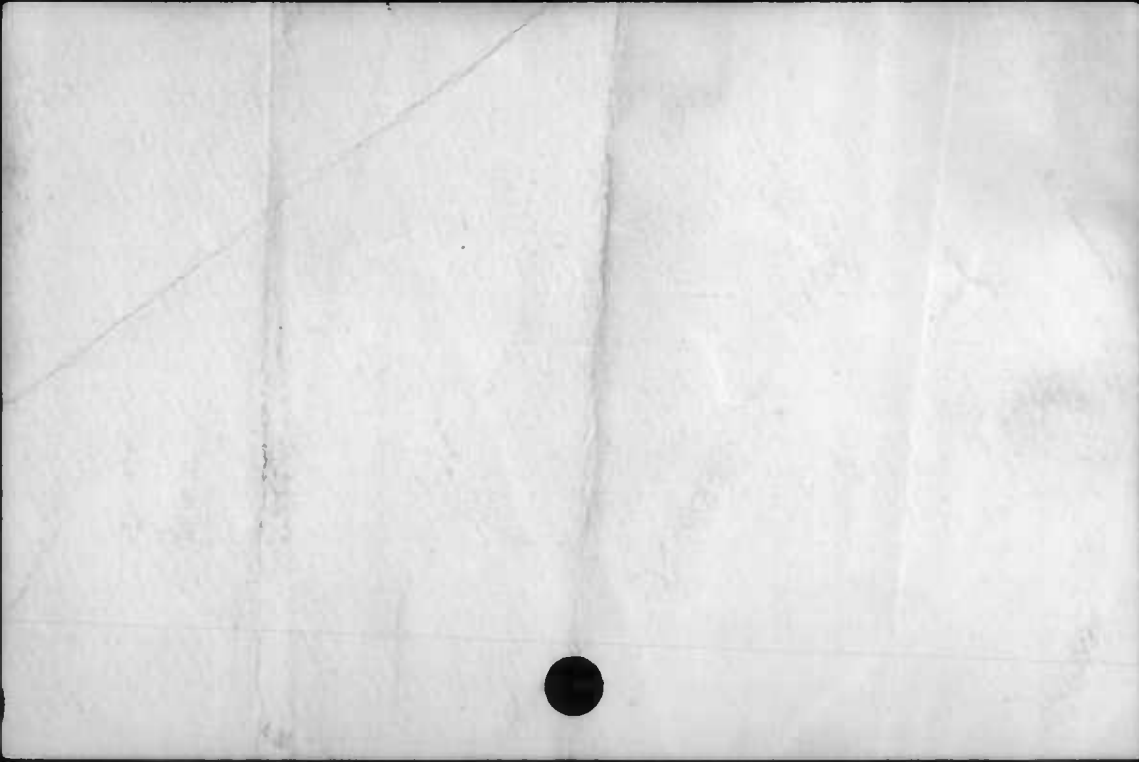
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Oct	22	65	-		
Sex	Male	Color or Race	Colored	Birth-place	Cobb Neck		
Occupation	Oysterman		Where Residing if not at place of death		Bank Ode		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	unknown					Father's Birthplace	unknown
Mother's Maiden Name	Ann Woodland					Mother's Birthplace	Charles
Name of person giving information	Lewis Burroughs					How related to deceased	Cousin

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	12 hours
Immediate	"	How long	12 "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	J. L. Higdon		
	Address		
	Myrtle		
Accident or Suicide?			



Name

is Full

Mary Innot

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *near La Plata* ^{County} *Charles*

Date of death *1908* ^{Month} *Oct* ^{Day} *29th* ^{Years} *2* ^{Months} *—* ^{Days} *—*

Sex *female* Color or Race *colored* Birth-place *Charles Co*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Olis Innot* Father's Birthplace *Charles Co*

Mother's Maiden Name *Grace Frederick* Mother's Birthplace *Charles Co*

Name of person giving information *Jno H Jenkins* How related to deceased *none*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *4 or 5 days*

Immediate *Cardiac exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Thos. S. Owen M.D.**La Plata**md*Accident or Suicide? *no*



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

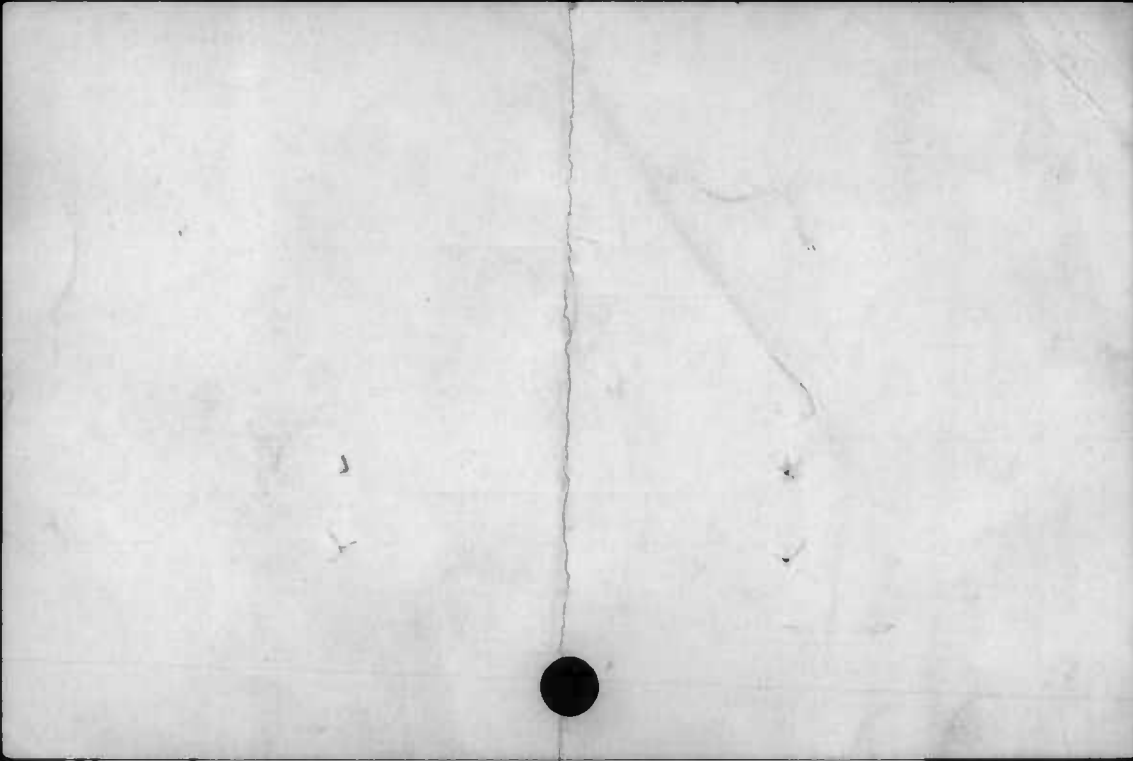
2

Name in Full <i>Francis Wendeline Brown</i>		Town <i>Indian Head</i>		County <i>Charles</i>		CERTIFICATE OF DEATH	
Died at <i>Indian Head</i>		Month <i>Oct</i>		Day <i>11</i>		Age <i>X</i>	
Date of death <i>1908</i>		Months <i>2</i>		Years <i>X</i>		Days <i>X</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birthplace <i>Indian Head Md</i>			
Occupation <i>X</i>		Where Residing if not at place of death <i>Indian Head Md</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Rahf. E Brown</i>		Father's Birthplace <i>Indian Head Md</i>					
Mother's Maiden Name <i>Agnes E Pluney</i>		Mother's Birthplace <i>Ind 20</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

105

Primary <i>Malnutrition</i>	How long <i>1 month</i>
Immediate <i>Cholera Infantum</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>D. H. Stong, Jr. D.</i>
	Address <i>Indian Head Md.</i>
Accident or Suicide?	



Name
in
Full

Ellsworth Southerland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

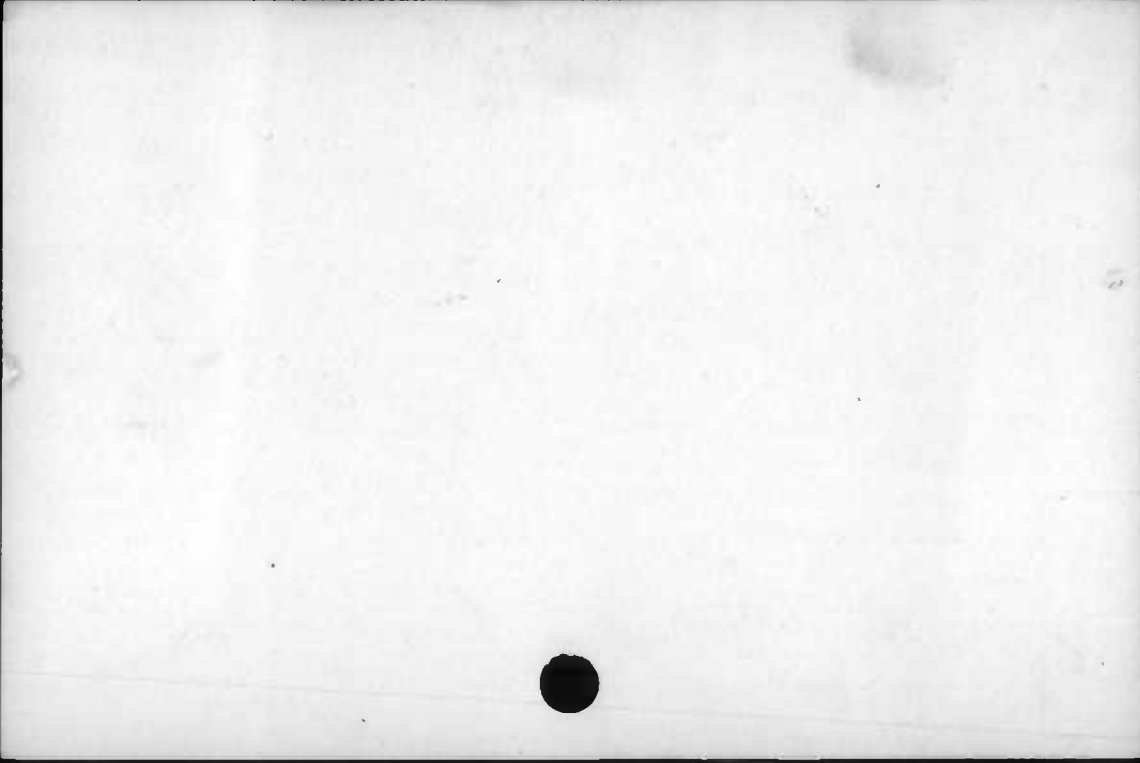
Died at		Town <i>Piqaah</i>		County <i>Charles</i>		MARYLAND	
Date of death		Month <i>Oct</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>American</i>		Birth-place <i>Piqaah, Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Theodore Southerland</i>				Father's Birthplace <i>Charles Co. Md.</i>			
Mother's Maiden Name <i>Maggie Scott</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Thomas A. Davis</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Brachio-pneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Geo. C. Bicknell,</i>	
		Address	
		<i>Piqaah,</i>	
		<i>Md.</i>	
Accident or Suicide?			
<i>—</i>			



Name
in
Full

Infant

Tolson

CERTIFICATE OF DEATH

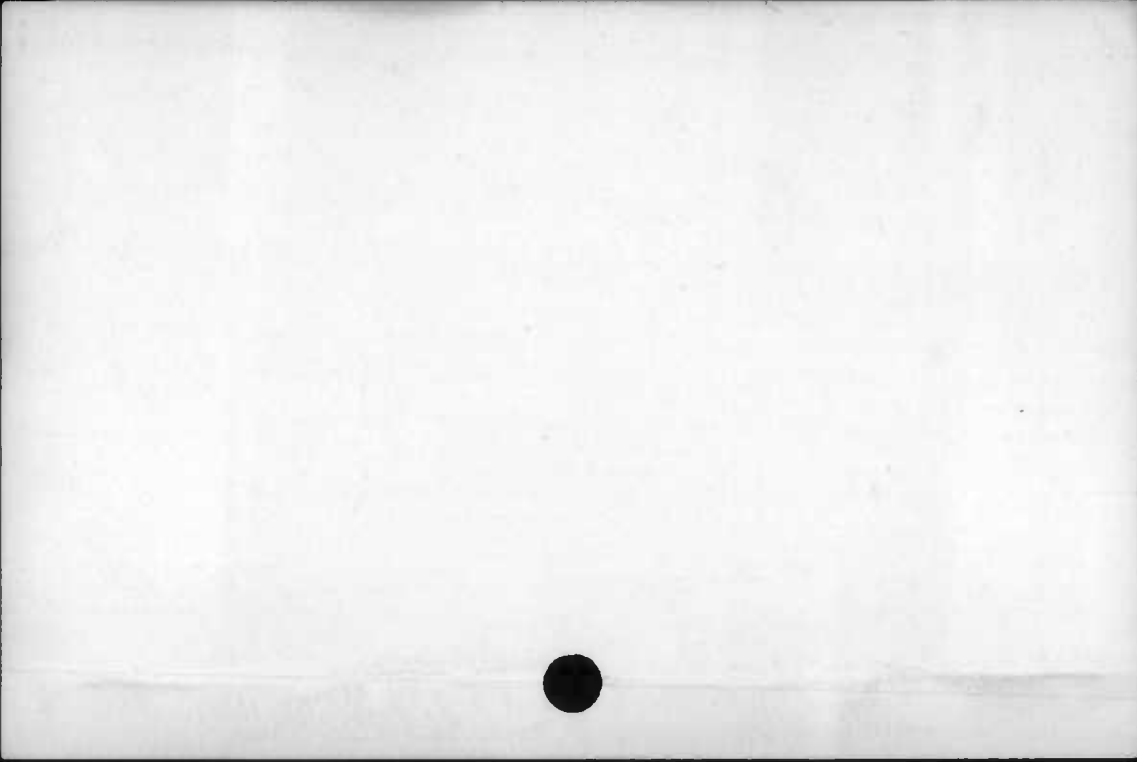
Died at Town *near house*County *Charles*

MARYLAND

Date of death *1908*Month *10*Day *15*Age *—*Years *—*Months *—*Days *—*Sex *Male*Color or Race *Black*Birth-place *MD*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Howard Tolson*Father's Birthplace *MD*Mother's Maiden Name *Nettie Jackson*Mother's Birthplace *MD*Name of person giving information *Benjamin Barber*How related to deceased *none*

CAUSES OF DEATH

Primary *Premature Birth*How long *S*Immediate *—*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *James M. Wheeler*Address *Sub Registrar*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Leo's Lunn*

Town *Wicomico* County *Charles*

Died at *Wicomico*

Date of death *1908 Oct - 7* Age *6* Years *6* Months *6* Days

Sex *male* Color or Race *Colored* Birth-place *Charles*

Occupation *—* Where Residing if not at place of death *Wicomico Md*

~~Married, Single or Widowed~~ Name of Wife or Husband

Father's Name *Thos Lunn* Father's Birthplace *Charles*

Mother's Maiden Name *Hattie Day* Mother's Birthplace *Charles*

Name of person giving information *Tom Lunn* How related to deceased *Father*

CAUSES OF DEATH

Primary *Leethung* How long *7 Days*

Immediate *Not Known* How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

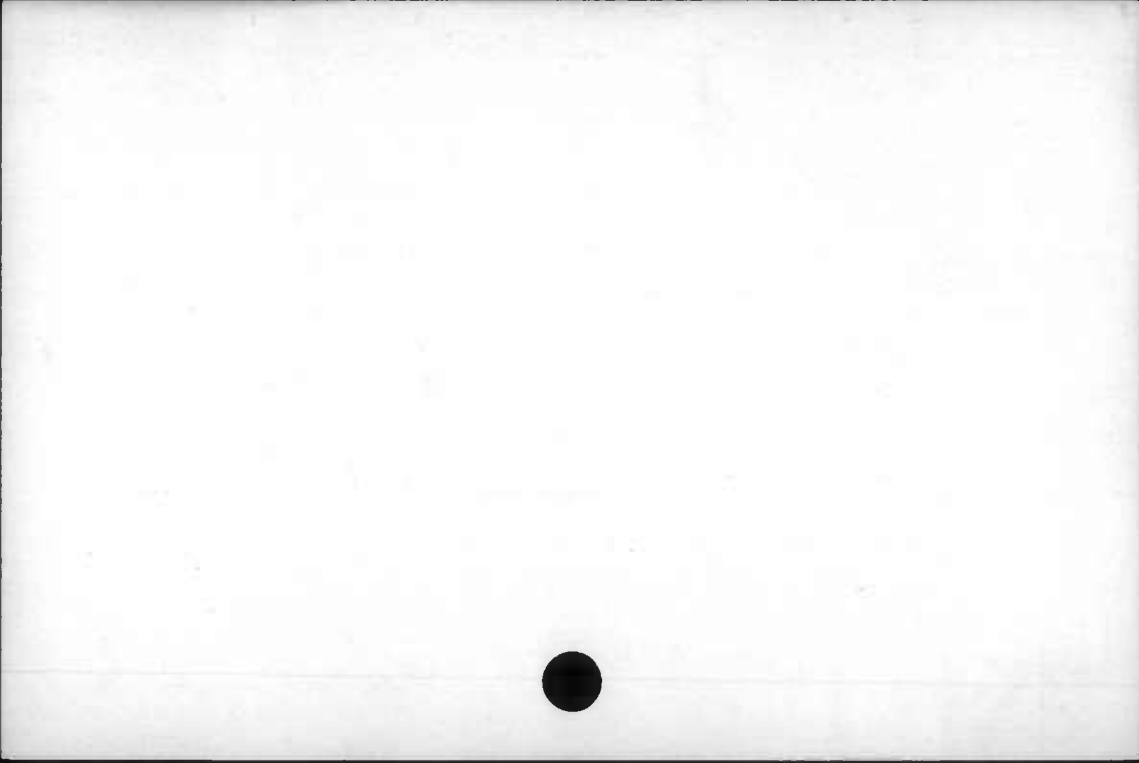
Address

W. S. Galis

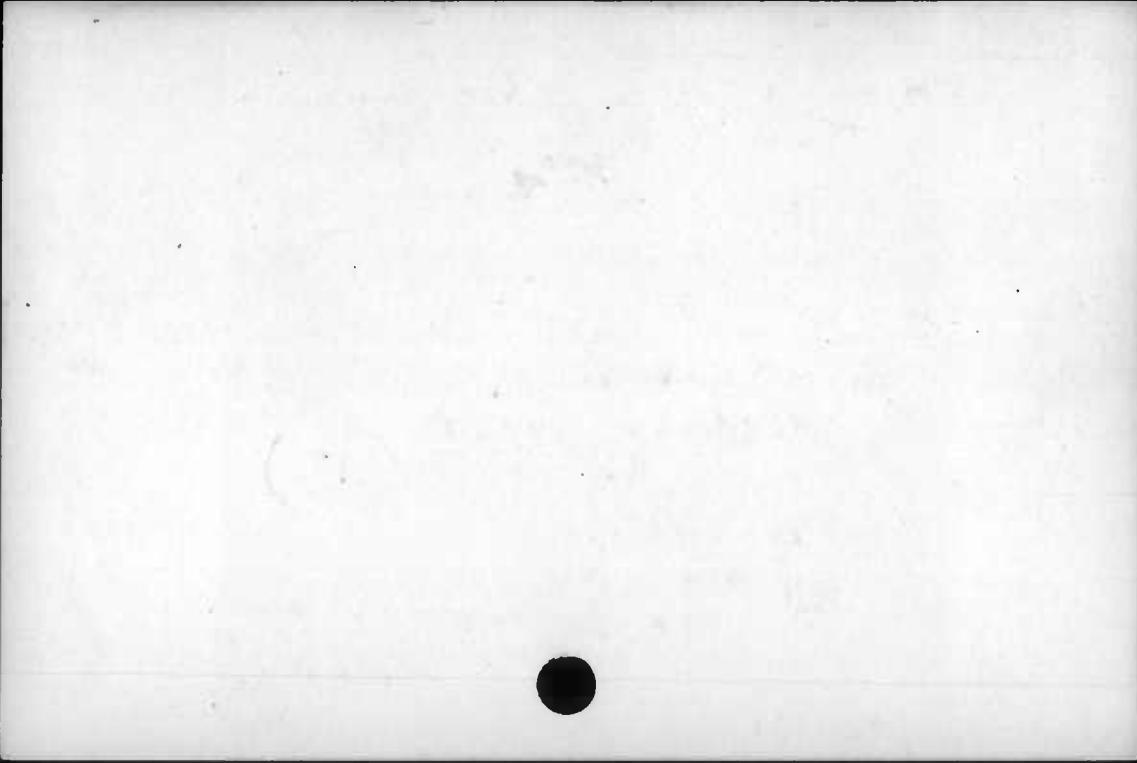
Sub P. 19

Wicomico Md

Accident or Suicide?



Name in Full		Allermyrus Ward				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		New Port		County		Charles						
							MARYLAND						
	Date of death	1908	Month	Oct	Day	10	Age	Years	8	Months	12	Days	
	Sex	Male		Color or Race	Caucasian		Birth-place	Charles Co					
	Occupation					Where Residing if not at place of death							
	Married, Single or Widowed			Name of Wife or Husband									
PHYSICIAN OR CORONER	Father's Name		Arthur T. Ward					Father's Birthplace		Charles Co			
	Mother's Maiden Name		Helen A. Githens					Mother's Birthplace		Charles Co			
	Name of person giving information		Arthur T. Ward					How related to deceased		Father			
CAUSES OF DEATH												105	
PHYSICIAN OR CORONER	Primary		Enter. Colitis					How long		5 days			
	Immediate		Exhaustion					How long					
	Are the name, age, sex, color, date and place correctly given above?		yes					Signature of Physician		E. J. Ward			
								Address		Bel Air Md.			
Accident or Suicide?													



Name
in
Full

Arthur Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marine Land</i>		Town <i>Charles Co</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>October</i>	Day <i>25th</i>	Age <i>20</i>	Years	Months <i>1</i>	Days <i>9</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Charles Co</i>			
Occupation <i>laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>George Warren</i>				Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name <i>Mary E Thomas</i>				Mother's Birthplace <i>Charles Co</i>			
Name of person giving information <i>George Warren</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary	<i>strychnine Poisoning</i>	How long	<i>2 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. S. Owen</i>	
		Address <i>La Plata</i>	
Accident or suicide <i>Accident</i>		<i>md</i>	

W F Mawson

Sub Rey